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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted With Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	941960
First Named Inventor	PALMATEER, Garry A.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**RAPID COLIFORM DETECTION SYSTEM**

(Title of the Invention)

the specification of which

☐ is attached hereto

**OR**

☒ was filed on (MM/DD/YYYY) 10/17/2002 as United States Application Number or PCT International

Application Number PCT/CA2002/001557 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:	<input checked="" type="checkbox"/>	The address associated with Customer Number:	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">33798</div>	OR	<input type="checkbox"/>	Correspondence address below
Name						
Address						
City			State		ZIP	
Country		Telephone		Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
<b>NAME OF SOLE OR FIRST INVENTOR:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname		
<u>Garry A.</u>				<u>PALMATEER</u>		
Inventor's Signature					Date	
Residence: City		State		Country		Citizenship
<u>London</u>		<u>Ontario</u>		Canada <u>CAX</u>		Canadian
Mailing Address 934 Oxford Street West						
City		State		Zip		Country
<u>London</u>		<u>Ontario</u>		<u>N 6H 1V3</u>		<u>Canada</u>
<b>NAME OF SECOND INVENTOR:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname		
<u>Katarina D.M.</u>				<u>PINTAR</u>		
Inventor's Signature					Date	
Residence: City		State		Country		Citizenship
<u>St. Agatha</u>		<u>Ontario</u>		Canada <u>CAX</u>		Canadian
Mailing Address 1277 Berlett's Road						
City		State		Zip		Country
<u>St. Agatha</u>		<u>Ontario</u>		<u>N0B 2L0</u>		<u>Canada</u>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.						

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3008 99A 2 1 0797 11 269 0004

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## DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michele I.		VAN DYKE	
Inventor's Signature		Date	
London	Ontario	Canada	Canadian
Residence: City	State	Country	Citizenship
1020 Hargrieve Road			
Mailing Address			
London	Ontario	N6E 1P5	Canada
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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Rec'd PGT/PTO 15 APR 2005

Approved through 11/30/2005. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	PALMATEER, Garry A.
Title	RAPID COLIFORM DETECTION SYSTEM
Art Unit	
Examiner Name	
Attorney Docket Number	941960

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

33798

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	
Name	Garry A. Palmateer	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 4 forms are submitted.

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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	
Name	Katarina D.M. Pinar	Telephone	
Title and Company			

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First Named Inventor

PALMATEER, Garry A.

Title

RAPID COLIFORM DETECTION SYSTEM

Art Unit

Examiner Name

Attorney Docket Number

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Signature

Date

Name

Michele I. Van Dyke

Telephone

Title and Company

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INDICATION FORM****Application Number****Filing Date****First Named Inventor**

PALMATEER, Garry A.

**Title**

RAPID COLIFORM DETECTION SYSTEM

**Art Unit****Examiner Name****Attorney Docket Number**

941960

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

Abha Romkey

Telephone

Title and Company

Corporate Counsel for Conestoga-Rovers &amp; Associates Limited

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